



Application for Membership

- Membership Renewal
- Membership upgrade (Recreational Swimmer to Competitive Swimmer)
- Brand new member (never been a member of any club before)
- Transfer- Membership Number: _____ Previous Club _____

Personal Details

First Name: _____ Last Name: _____ DOB: __/__/__
 Address: _____
 Suburb: _____ State: _____ Postcode: _____

Other Family Members:

In order to receive the membership discount for multiple family members, families need to be linked together. Please list all members who belong to your family. A separate membership form is required for each family member.

Primary Member: _____

**Note: the Primary Member is the person who will pay for all members linked within this family.*

Other Members:

_____	_____
_____	_____
_____	_____

Contact Details

Email: _____ Phone: _____

Membership Type

- | | |
|--|---|
| <input type="checkbox"/> Competitive Swimmer 9 years + | <input type="checkbox"/> Recreational Swimmer 9 years + |
| <input type="checkbox"/> Competitive Swimmer 8 years old *Half Price* | <input type="checkbox"/> Recreational Swimmer 8 years old *Half Price* |
| <input type="checkbox"/> Dolphin (7 Years & Under only) *Free* | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Official | <input type="checkbox"/> Non-Swimmer |
| <input type="checkbox"/> Coach | |

Alternate Information (if applicable)

Alternate Email: _____ Alternate Phone: _____

Medical Conditions/Allergies: _____

Classification: _____ Other Swimming Federation: _____

Aus. Citizen Y/N	Asthmatic Y/N	Indigenous Member Y/N
Member with Disability Y/N	Attending GO SWIM Day Y/N	

DECLARATION 1

Conditions of being a Member of Swimming Queensland, Affiliated Regions and Affiliated Clubs

1. I agree to abide by the rules, regulations and policies of Swimming Queensland, Swimming Australia, the relevant Regional Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Welfare, Child Welfare and Privacy Policies (these are available at www.swimming.org.au).
2. I authorise Swimming Queensland to use and disclose, to related and relevant bodies, any of my personal information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name and results published in official programs, newsletters and websites.
3. Please note that the club, as an affiliate of Swimming Queensland, has \$20 million public liability insurance cover.
4. I fully understand that the Swimming Australia National Insurance Programme includes a limited level of cover in the event of Personal Injury. I understand that only NON-MEDICARE medical expenses (to a maximum of \$5,000) can be claimed. If the medical service provided is eligible for a Medicare rebate of any value, any resultant GAP in costs is not able to be covered by the Swimming Australia policy due to current Commonwealth Legislation. For further information on the insurance cover available refer to www.jltsport.com.au/swimming or phone JLT Sport on 1300 373 130
5. I warrant that all information provided is true and accurate.

I have read, understood, acknowledge and agree to the above declaration.

DECLARATION 2

Parent/Legal Guardian Consent (in respect to an applicant under the age of 18 years)

1. Where the applicant is under 18 years of age this form must be endorsed by the applicant's parent or legal guardian.
2. I have read, understood, acknowledge and agree to the declarations above and I warrant that all information provided is true and correct.
3. I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant's behaviour and agree to personally accept the conditions set out in the membership application and declaration.

I have read, understood, acknowledge and agree to the above declaration. Signature (Member)

_____ Date ____/____/____

If under 18 Parent / Guardian Signature _____

Date ____/____/____

Payment Details (by filling out the below details you are authorizing payment to be made)

Cash Cheque Credit Card (details below)

PLEASE NOTE THAT A 4% SURCHARGE IS APPLIED TO ALL CREDITCARD PAYMENTS PER FAMILY

MasterCard Visa Card

Card No: _____

CSV: _____

Expiry Date: ____/____

Amount: AUD\$ _____

Name on Card: _____

Signature: _____

Date: ____/____/____

Club Use Only

Receipt/Reference Number: _____

Signature: _____

Date: ____/____/____